

SERFF Tracking Number:	ACEH-125591749	State:	Arkansas
First Filing Company:	ACE American Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	08-WC-2007624		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	08-WC-2007624		
Project Name/Number:	WC Large Risk Rating Plan/08-WC-2007624		

Filing at a Glance

Companies: ACE American Insurance Company, ACE Fire Underwriters Insurance Company, ACE Property & Casualty Insurance Company, Bankers Standard Insurance Company, Indemnity Insurance Company of North America, Pacific Employers Insurance Company

Product Name: 08-WC-2007624	SERFF Tr Num: ACEH-125591749	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 16.0004 Standard WC	Co Tr Num: 08-WC-2007624	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
	Authors: Connie McFarlane, Linda Thomas, Renice Cox, Viola McBride, Steve Kreider	Disposition Date: 05/20/2008
	Date Submitted: 04/02/2008	Disposition Status: Approved
Effective Date Requested (New): 05/01/2008		Effective Date (New): 05/20/2008
Effective Date Requested (Renewal): 05/01/2008		Effective Date (Renewal):

State Filing Description:

General Information

Project Name: WC Large Risk Rating Plan	Status of Filing in Domicile: Not Filed
Project Number: 08-WC-2007624	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 05/20/2008	
State Status Changed: 04/03/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

We are submitting for your approval our newly developed Large Risk Rating Plan endorsement WC 99 04 09, Notification of Premium Adjustment. This form will be attached to those policies issued under our approved Large Risk Rating Plan.

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Company and Contact

Filing Contact Information

Viola McBride, Filing Technician	viola.mcbride@ace-ina.com
436 Walnut Street	(215) 640-5238 [Phone]
Philadelphia, PA 19106	(215) 640-4986[FAX]

Filing Company Information

ACE American Insurance Company	CoCode: 22667	State of Domicile: Pennsylvania
PO Box 1000	Group Code: 626	Company Type:
436 Walnut Street		
Philadelphia, PA 19106	Group Name:	State ID Number:
(215) 640-5123 ext. [Phone]	FEIN Number: 95-2371728	

ACE Fire Underwriters Insurance Company	CoCode: 20702	State of Domicile: Pennsylvania
PO Box 1000	Group Code: 626	Company Type:
436 Walnut Street		
Philadelphia, PA 19106	Group Name:	State ID Number:
(215) 640-5123 ext. [Phone]	FEIN Number: 06-6032187	

ACE Property & Casualty Insurance Company	CoCode: 20699	State of Domicile: Pennsylvania
PO Box 1000	Group Code: 626	Company Type:
436 Walnut Street		
Philadelphia, PA 19106	Group Name:	State ID Number:
(215) 640-5123 ext. [Phone]	FEIN Number: 06-0237820	

Bankers Standard Insurance Company	CoCode: 18279	State of Domicile: Pennsylvania
PO Box 1000	Group Code: 626	Company Type:
436 Walnut Street		
Philadelphia, PA 19106	Group Name:	State ID Number:
(215) 640-5123 ext. [Phone]	FEIN Number: 59-1320184	

Indemnity Insurance Company of North America	CoCode: 43575	State of Domicile: Pennsylvania
PO Box 1000	Group Code: 626	Company Type:
436 Walnut Street		

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Philadelphia, PA 19106 (215) 640-5123 ext. [Phone]	Group Name: FEIN Number: 06-1016108 -----	State ID Number:
Pacific Employers Insurance Company PO Box 1000 436 Walnut Street Philadelphia, PA 19106 (215) 640-5123 ext. [Phone]	CoCode: 22748 Group Code: 626 Group Name: FEIN Number: 95-1077060 -----	State of Domicile: Pennsylvania Company Type: State ID Number:

<i>SERFF Tracking Number:</i>	<i>ACEH-125591749</i>	<i>State:</i>	<i>Arkansas</i>
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Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ACE American Insurance Company	\$50.00	04/02/2008	19216045
ACE Fire Underwriters Insurance Company	\$0.00	04/02/2008	
ACE Property & Casualty Insurance Company	\$0.00	04/02/2008	
Bankers Standard Insurance Company	\$0.00	04/02/2008	
Indemnity Insurance Company of North America	\$0.00	04/02/2008	
Pacific Employers Insurance Company	\$0.00	04/02/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	05/20/2008	05/20/2008
Accepted For Informational Purposes	Carol Stiffler	05/20/2008	05/20/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Carol Stiffler	04/03/2008	04/03/2008			

<i>SERFF Tracking Number:</i>	<i>ACEH-125591749</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 05/20/2008

Effective Date (New): 05/20/2008

Effective Date (Renewal):

Status: Approved

Comment: The original disposition was accidentally marked as Informational when it should have been marked "Approved". I have reopened it to correct that error and will close it immediately.

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Project Name/Number:	WC Large Risk Rating Plan/08-WC-2007624		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	FILE MEMO	Approved	Yes
Supporting Document	COVER LETTER	Approved	Yes
Form	NOTIFICATION OF PREMIUM ADJUSTMENT	Approved	Yes

SERFF Tracking Number:	ACEH-125591749	State:	Arkansas
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Disposition

Disposition Date: 05/20/2008

Effective Date (New): 05/20/2008

Effective Date (Renewal):

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	FILE MEMO	Approved	Yes
Supporting Document	COVER LETTER	Approved	Yes
Form	NOTIFICATION OF PREMIUM ADJUSTMENT	Approved	Yes

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Product Name: *08-WC-2007624*
Project Name/Number: *WC Large Risk Rating Plan/08-WC-2007624*

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 04/03/2008

Submitted Date 04/03/2008

Respond By Date

Dear Viola McBride,

 This will acknowledge receipt of the captioned filing.

Objection 1

 - NOTIFICATION OF PREMIUM ADJUSTMENT (Form)

Comment: In Arkansas, all rates for workers' compensation must be filed. The NCCI Large Alternative Rating Option has not been approved because of mutually agreed upon language.

Please acknowledge that all corresponding rates will be filed independently for this program or will be filed as an individual risk filing.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	NOTIFICATION OF PREMIUM ADJUSTMENT	WC 99 04 09	03/05	Endorsement/Amendment/Conditions	New		WC 99 04 09.pdf

Workers' Compensation and Employers' Liability Policy

Named Insured

Endorsement Number

Policy Number

Symbol: Number:

Policy Period

TO

Effective Date of Endorsement

Issued By (Name of Insurance Company)

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

NOTIFICATION OF PREMIUM ADJUSTMENT

For the states and lines of business in which regulatory approval has been granted for the NCCI Large Risk Alternative Rating Option, the ISO Large Risk Alternative Rating Option, or the independently filed ACE Large Risk Rating Plan, the premiums for this policy will be adjusted in accordance with the Notice of Election, signed by you.

Authorized Agent

<i>SERFF Tracking Number:</i>	<i>ACEH-125591749</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>ACE American Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08-WC-2007624</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>08-WC-2007624</i>		
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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	05/20/2008
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Comments:

Attachment:

NAIC Transmittal Document FORM.pdf

Satisfied -Name:	FILE MEMO	Review Status:	Approved	05/20/2008
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Comments:

Attachment:

Form - EXPLANATORY MEMORANDUM.pdf

Satisfied -Name:	COVER LETTER	Review Status:	Approved	05/20/2008
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Comments:

Attachment:

Form - Cover Letter -1.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 55%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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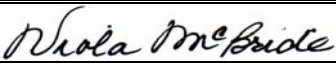
3. Group Name	Group NAIC #
ACE INA Companires	626

4. Company Name(s)	Domicile	NAIC #	FEIN #
ACE American Insurance Company	PA	22667	95-2371728
ACE Property and Casualty Ins. Co.	PA	20699	06-0237820
Indemnity Insurance Co of North America	PA	43575	06-1016108
ACE Fire Underwriters Ins. Co.	PA	20702	06-6032187
Bankers Standard Ins. Co.	PA	18279	59-1320184
Pacific Employers Ins. Co.	PA	22748	95-1077060

5. Company Tracking Number	08-WC-2007624
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Viola McBride 510 Walnut Street Philadelphia, PA 19106	Regulatory Associate	215-640-5238	215. 640. 4986	Viola.mcbride@ace-ina.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Viola McBride

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Workers Comp
10. Sub-Type of Insurance (Sub-TOI)	Standard
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	n/a
12. Company Program Title (Marketing title)	n/a
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input checked="" type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 05/01/2008 Renewal: 05/01/2008

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	04/2/2008
19.	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	08-WC-2007624
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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We are filing for your review and approval a new independent plan, the ACE Large Risk Rating Plan

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> Check #: EFT Amount: \$50.00 </div> <div> Refer to each state's checklist for additional state specific requirements or instructions on calculating fees. </div>	

*****Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

EXPLANATORY MEMORANDUM
FORM FILING WC 99 04 09
ACE TRACKING NUMBER 2008-WC-2007624

We are submitting for your approval our newly developed Large Risk Rating Plan endorsement WC 99 04 09, Notification of Premium Adjustment. This form will be attached to those policies issued under our approved Large Risk Rating Plan.

We proposed to attach this endorsement to all policies issued under our Large Risk Rating Plan with effective dates of May 1, 2008 or later.



ACE INA 215.640.1720 tel/
Regulatory & Product Line 215.640.4986 fax
Support Services
Routing WB04G Stephen.kreider@ace-ina.com
436 Walnut Street www.ace-ina.com
Philadelphia, PA 19106

Stephen H Kreider
WC Assoc. Product Manager

April 2, 2008
INSURANCE DEPARTMENT

RE: ACE AMERICAN INSURANCE COMPANY	NAIC# 626-22667
INDEMNITY INSURANCE COMPANY OF NORTH AMERICA	NAIC# 626-43575
ACE FIRE UNDERWRITERS INSURANCE COMPANY	NAIC# 626-20702
PACIFIC EMPLOYERS INSURANCE COMPANY	NAIC# 626-22748
ACE PROPERTY & CASUALTY INSURANCE COMPANY	NAIC# 626-20699
BANKERS STANDARD INSURANCE COMPANY	NAIC# 626-18279
ACE Large Risk – Form Filing (WC 99 04 09 03/05)	
<u>Our Filing Number 08-WC-2007624</u>	

Dear Commissioner:

We are filing for your review and approval a new Large Risk Rating Plan endorsement WC 99 04 09, Notification of Premium Adjustment. This form will be attached to those policies issued under the approved Large Risk Rating Plan.

Attached are the following:

- State required filing forms
- WC 99 04 09 (03/05)
- Form Memorandum

We are proposing to offer this plan on new and renewal policies with an effective date of May 1, 2008 or later.

Please contact Steve Kreider via phone at 215-640-1720 or email Stephen.kreider@ace-ina.com if you should have any questions regarding this filing.

Very truly yours,

Stephen H Kreider